**Luminex-200 Analysis**

**1st August 2024- 31st July 2025**

|  |  |
| --- | --- |
| **PRINCIPLE INVESTGATOR** |   |
| Name |   |
| email |   |
| College/School/Institute |   |
| **STAFF MEMBER using L**uminex |  |
| Name |  |
| email |  |
| **PROJECT TITLE:**  |  |

**SECTION 1: SAMPLE SPECIES**

 **Indicate from where your sample/supernatants originate?**

|  |  |
| --- | --- |
| Human  |   |
| Murine  |   |
| Ovine  |   |
| Bovine  |   |
| Equine  |   |
| Avian  |   |
| Insect  |   |
| Parasite   |   |
| Bacterial  |   |
| **Other   -  Give Details**  |   |

**SECTION 2: CELL LINES**

**If your cells are a recognised cell line, please complete this section then go to section 3:**

|  |  |
| --- | --- |
| Cell Name   |   |
| ATCC Catalogue No  |   |
| Suspension Cells  |   |
| Adherent Cells  |   |
| Have they been infected with pathogens?  |                If YES go to section 4   |
| No | YES |   |
| Have they been transformed using any known viral pathogens?  |
| No | YES | If YES go to SECTION 6 |

**SECTION 3: PRIMARY HUMAN CELLS**

**Tick to indicate the location from which the cells are taken**

|  |  |
| --- | --- |
| Whole Blood | Yes  |
| Serum |  |
| Plasma |  |
| PBMC |  |
| Buffy Coat |  |
| Stromal Lung Tissue |  |
| BAL fluid |  |
| Colon |  |
| Tendon |  |
| Sputum |  |
| Urine |  |
| **Other: Give details** |   |
| Were the samples tested for any of the following |
|  |  **YES** |  **NO** |
| HIV |  |  |
| Hepatitis |  |  |
| Epstein Barr Virus |  |  |
| Herpes Virus |  |  |

**SECTION 4: PATHOGENS know to be in experimental samples**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pathogen Type**  | Organism Name & Strain  | Hazard Group   |  Neutralisation Method e.g. Fixative/ Antibiotics /UV treatment |
| Bacterial     |   |   |     |
| Parasitic     |   |   |     |
| Fungal     |   |   |     |
| Viral     |   |   |     |

**Note. It is the P.I.’s responsibility to ensure that the neutralisation method used is suitable to render the samples non-infectious**.

Details of Biological COSHH form \_\_\_\_

Submit copies of any relevant COSHH forms along with this form

**SECTION 5: ANALYSIS OF GENETICALLY MODIFIED CELLS**

Have your cells or been genetically modified?

If the answer is **NO** go to **Section 6.**

If the answer is **YES** then fill in the table below:

|  |  |
| --- | --- |
| **GMO form number** |  |
| Did you use a viral vector  |   |   |
|    |
| Did you use a helper virus   |   |   |
|     |
| What is the insert  |   |   |
|     |
| Is it oncogenic  |   |   |
|     |
| Is it replication incompetent (Y/N) |   |   |
| Can it infect human cells (Y/N) |   |   |
| How many times have the cells been passaged  |    |
| Does your GMO form grant permission to: |
| * Transport cells across campus/ through the SGDB?
 |  |
| * Work with GMO in the MVLS Flow Core Labs B219 and/or B444
 |  |

**SECTION 6: BILLING INFORMATION** - Glasgow university Researchers only

**Note – Luminex is charged by the plate not by the hour**

**For current charging rates, and for quotes for grant applications please contact mvls-SRF@glasgow.ac.uk**

|  |  |
| --- | --- |
| **Principle Investigator** |  |
| **College & Institute** |  |
| **Cost Centre** |  |
| **Project code** |  |
| **Grant start date** |  |
| **Grant end date** |  |
|  |  |

Signature of P.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Signature of staff using Analysers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_

**Safe use of the MVLS-SRF Flow Core Lab relies upon co-operation between the Core staff and investigators.**

***IF cell types and/or bio-hazard information change, prior to the next annual survey you have a duty to inform us***